

EXTENDED FAMILY VISIT (EFV) ALLOWABLE ITEMS

The facility will not provide food items unless listed below. The following supplies will be provided by the facility and the visitor(s) will not be allowed to bring them to the EFV:

- | | | |
|---------------------------|-------------------|--------------|
| • Cooking/eating utensils | • Dishes | • Pots |
| • Pans | • Mayonnaise | • Sugar |
| • Ketchup | • Mustard | • Shortening |
| • Butter/margarine | • Salt and pepper | • Flour |
| • Paper towels | • Toilet paper | • Toys/Games |

Food items brought to the facility for the visit must be in new, factory sealed containers. Fresh fruit and vegetables may be brought in, but must be pre-cut and will be carefully inspected for tampering.

- Employees will inspect all food items and transfer items that are opaque (i.e., milk, grapefruit juice), or in cans, boxes, or glass to plastic bags/containers provided by the visitor.
- Items will not be allowed if a plastic bag/container has not been provided by the visitor for the item to be transferred to.
- Liquid will not be transferred to a plastic bag.

Only the amount of food which can be reasonably consumed by the offender and visitor(s) during the EFV will be permitted. All items will be subject to search even if factory sealed.

- The visit will be immediately terminated and follow up action will be taken if contraband has been found in any food/supply item.

An ice chest may be used to transport cold products to the facility as follows:

- MSC – items will be transferred to a cart and ice chest will be stored by the facility and given back at the end of the visit.
- MSU – ice chests will be allowed in the EFV unit.

Visitors will check the items they will be bringing with them for the EFV and specify the amount and packaging in the space provided (e.g., 2 boxes, 1 package, 2 pair). Items in parenthesis will represent maximum allowable quantities.

Meat: In a tray and cellophane wrapped by store only; no butcher paper

- | | |
|---|---|
| <input type="checkbox"/> Steak _____ | <input type="checkbox"/> Hamburger _____ |
| <input type="checkbox"/> Cut up chicken _____ | <input type="checkbox"/> Cleaned fish _____ |
| <input type="checkbox"/> Bacon/sausage _____ | <input type="checkbox"/> Ground meat _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Beverages: must be in clear containers

- | | |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Milk _____ | <input type="checkbox"/> Juice _____ |
| <input type="checkbox"/> Soda _____ | |

Vegetables: may be fresh (whole or pre-cut) or canned; cannot be home canned and must be in clear plastic containers/baggies

- | | |
|--|--|
| <input type="checkbox"/> Vegetable _____ | <input type="checkbox"/> Vegetable _____ |
| <input type="checkbox"/> Vegetable _____ | <input type="checkbox"/> Vegetable _____ |

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Fruits: may be fresh (pre-cut) or canned; cannot be home-canned and must be in clear plastic containers/baggies

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Fruit _____ | <input type="checkbox"/> Fruit _____ |
| <input type="checkbox"/> Fruit _____ | <input type="checkbox"/> Fruit _____ |

Dairy:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Sour Cream _____ | <input type="checkbox"/> Yogurt _____ |
| <input type="checkbox"/> Cheese _____ | <input type="checkbox"/> Eggs _____ |

Desserts:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Pie _____ | <input type="checkbox"/> Cake _____ |
| <input type="checkbox"/> Cookies _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Breads:

- | | |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Bread _____ | <input type="checkbox"/> Rolls _____ |
| <input type="checkbox"/> Pastry _____ | <input type="checkbox"/> Other _____ |

Snack Foods/Other: may be fresh (pre-cut), frozen, or canned; cannot be home-canned and must be in clear plastic containers/baggies

- | | |
|--|--|
| <input type="checkbox"/> Chips _____ | <input type="checkbox"/> Microwave popcorn _____ |
| <input type="checkbox"/> Crackers _____ | <input type="checkbox"/> Noodles _____ |
| <input type="checkbox"/> Rice _____ | <input type="checkbox"/> Spices _____ |
| <input type="checkbox"/> Baby Food _____ | <input type="checkbox"/> Formula _____ |
| <input type="checkbox"/> Cereal _____ | <input type="checkbox"/> Packaged dinners _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Supplies: must be unused/unopened

- | | |
|---|---|
| <input type="checkbox"/> Baggies _____ | <input type="checkbox"/> (1) Plastic wrap _____ |
| <input type="checkbox"/> Clear containers _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Clothing: allowable items per person

- | | |
|--|---|
| <input type="checkbox"/> (1 pair) Shoes _____ | <input type="checkbox"/> (1 pair) Slippers _____ |
| <input type="checkbox"/> (2 pair) Socks/hose _____ | <input type="checkbox"/> (2) Bras _____ |
| <input type="checkbox"/> (2) Shirts _____ | <input type="checkbox"/> (1) Sweater _____ |
| <input type="checkbox"/> (1) Suspenders _____ | <input type="checkbox"/> (1 pair) Trousers _____ |
| <input type="checkbox"/> (1) Belt _____ | <input type="checkbox"/> (1 pair) Shorts _____ |
| <input type="checkbox"/> (1) Dress _____ | <input type="checkbox"/> (1) Robe _____ |
| <input type="checkbox"/> (1) Skirt _____ | <input type="checkbox"/> (1) Pajama/nightgown _____ |

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- | | |
|--|--|
| <input type="checkbox"/> (2 pair) Underpants _____ | <input type="checkbox"/> (2) Undershirts _____ |
| <input type="checkbox"/> (1) Coat/jacket _____ | <input type="checkbox"/> (1 pair) Gloves _____ |
| <input type="checkbox"/> (3) Handkerchiefs _____ | <input type="checkbox"/> (1) Hat _____ |

Jewelry: allowable items per person

- | | |
|---|--|
| <input type="checkbox"/> (1) Necklace _____ | <input type="checkbox"/> (1 pair) Earrings _____ |
| <input type="checkbox"/> (1) Bracelet _____ | <input type="checkbox"/> (1) Watch _____ |
| <input type="checkbox"/> (1) Ring _____ | |

Infant Items: allowable items per person

- | | |
|--|---|
| <input type="checkbox"/> (1) Diaper bag _____ | <input type="checkbox"/> (1) Pacifier _____ |
| <input type="checkbox"/> Blankets _____ | <input type="checkbox"/> Pajama/Nightgown _____ |
| <input type="checkbox"/> (3) Plastic bottles _____ | <input type="checkbox"/> Other _____ |

Special Medical Needs: allowable items per person

- | | |
|--|--|
| <input type="checkbox"/> (1 pair) Glasses _____ | <input type="checkbox"/> (1 pair) Dentures _____ |
| <input type="checkbox"/> Contacts/cleaning kit _____ | <input type="checkbox"/> (1 pair) Hearing aids _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Toiletries: allowable items per person, may not be aerosol

- | | |
|---|---|
| <input type="checkbox"/> (1 bar) Soap _____ | <input type="checkbox"/> (1) Toothbrush _____ |
| <input type="checkbox"/> (1) Toothpaste _____ | <input type="checkbox"/> (1) Denture cleaner _____ |
| <input type="checkbox"/> (1) Denture adhesive _____ | <input type="checkbox"/> (1) Makeup kit _____ |
| <input type="checkbox"/> (1) Deodorant _____ | <input type="checkbox"/> (1) Douche kit _____ |
| <input type="checkbox"/> (1) Shampoo _____ | <input type="checkbox"/> (1) Conditioner _____ |
| <input type="checkbox"/> (1) Comb _____ | <input type="checkbox"/> (1) Plastic Pick _____ |
| <input type="checkbox"/> (1) Brush _____ | <input type="checkbox"/> (1) Hand/body lotion _____ |
| <input type="checkbox"/> Feminine napkins/tampons _____ | <input type="checkbox"/> Other _____ |

Miscellaneous Items: allowable items per family

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> (1) Suitcase _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> (10 lb.) Self-lighting charcoal briquettes _____ | |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Start date of EFV_____
End date of EFV_____
Participating Offender_____
DOC Number

Visitors may contact the facility at 509-544-5800 if questions or concerns exist about allowable items.